

| Reporting Authority | | | | | | | | | |
|--|--|--|------------|-------------------------------------|--------------|---------------------------------|--|----------------------------------|--|
| Name of Public Health Officer responsible for case | | | | | OfficerName | | | | |
| Notifier Identification | | | | | | | | | |
| Reporting source* <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory Report Src <input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other | | | | | | | | | |
| Name of reporting source | | | ReportName | | Organisation | | | ReportOrganisation | |
| Date reported* | | ReportDate | | Laboratory sample date | | SampleDate | | Contact phone | |
| ReportPhone | | Usual GP | | UsualGP | | Practice | | GPPracticeName | |
| GP phone | | GPPhone | | GP/Practice address | | Number | | housenumber | |
| Street | | streetname | | Suburb | | suburb | | GpAddress | |
| Town/City | | towncity | | Post Code | | postcode | | <input type="checkbox"/> GeoCode | |
| Case Identification | | | | | | | | | |
| Name of case* | | | | | Surname | | | | |
| Given Name(s) | | | | | GivenName | | | | |
| NHI number* | | NHINumber | | Email | | Email | | | |
| Current address* | | Number | | Street | | Suburb | | | |
| CaseAddress | | Town/City | | Post Code | | | | <input type="checkbox"/> GeoCode | |
| Phone (home) | | PhoneHome | | Phone (work) | | PhoneWork | | Phone (other) | |
| PhoneOther | | | | | | | | | |
| Case Demography | | | | | | | | | |
| Location | | TA* | | TA | | DHB* | | DHB | |
| Date of birth* | | DateOfBirth | | OR | | Age | | Age | |
| AgeUnits | | <input type="radio"/> Days | | <input type="radio"/> Months | | <input type="radio"/> Years | | | |
| Sex* Sex | | <input type="radio"/> Male | | <input type="radio"/> Female | | <input type="radio"/> Unknown | | <input type="radio"/> Other | |
| Occupation* | | Occupation | | | | | | | |
| Occupation location | | Occupation_place_type - main | | <input type="radio"/> Place of Work | | <input type="radio"/> School | | <input type="radio"/> Pre-school | |
| Name | | occupation_place_name - main | | | | | | | |
| Address | | Number | | Street | | Suburb | | | |
| PlaceOfWork - Main | | Town/City | | Post Code | | | | <input type="checkbox"/> GeoCode | |
| Alternative location | | Occupation_place_type - Alternative | | <input type="radio"/> Place of Work | | <input type="radio"/> School | | <input type="radio"/> Pre-school | |
| Name | | occupation_place_name - Alternative | | | | | | | |
| Address | | Number | | Street | | Suburb | | | |
| PlaceOfWork-Alternative | | Town/City | | Post Code | | | | <input type="checkbox"/> GeoCode | |
| Ethnic group case belongs to* (tick all that apply) | | | | | | | | | |
| <input type="checkbox"/> NZ European | | EthNZEuropean | | <input type="checkbox"/> Maori | | EthMaori | | <input type="checkbox"/> Samoan | |
| EthCookIslandMaori | | <input type="checkbox"/> Cook Island Maori | | <input type="checkbox"/> Niuean | | EthNiuean | | <input type="checkbox"/> Chinese | |
| EthChinese | | <input type="checkbox"/> Indian | | EthIndian | | <input type="checkbox"/> Tongan | | EthTongan | |
| <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) | | EthOther | | *(specify) | | EthSpecify1 | | EthSpecify2 | |

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| Pertussis EpiSurv No. |
| Basis of Diagnosis |
| CLINICAL CRITERIA Fits clinical description* FitClinDes <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| Clinical Features Cough (any duration)* CoughAny <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown If yes, cough for more than 2 weeks Cough <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown Paroxysmal cough* Paroxysm <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown Inspiratory whoop* CoughWhoop <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown Cough ending in vomiting, cyanosis or apnoea* CoughVomit <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| LABORATORY CRITERIA Isolation of <i>Bordetella pertussis</i> (culture)* Isolation <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results <input type="radio"/> Unknown Detection of <i>Bordetella pertussis</i> nucleic acid (e.g. NAAT/PCR)* NAAT <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results <input type="radio"/> Unknown |
| EPIDEMIOLOGICAL CRITERIA Contact with a confirmed case of pertussis* ContCase <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| CLASSIFICATION* Status <input type="radio"/> Under investigation <input type="radio"/> Probable <input type="radio"/> Confirmed <input type="radio"/> Not a case i |
| Clinical Course and Outcome |
| Date of onset* OnsetDt <input type="checkbox"/> Approximate OnsetDtAppro <input type="checkbox"/> Unknown OnsetDtUnknown |
| Hospitalised* Hosp <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| Date hospitalised* HospDt <input type="checkbox"/> Unknown HospDtUnknown |
| Hospital* HospName |
| Died* Died <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| Date died* DiedDt <input type="checkbox"/> Unknown DiedDtUnknown |
| Was this disease the primary cause of death?* DiedPrimary <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown If no, specify the primary cause of death* DiedOther <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> |
| Outbreak Details |
| Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?* <div style="display: flex; justify-content: space-between; align-items: flex-start;"> Outbrk <input type="checkbox"/> Yes <div style="margin-left: 20px;"> If yes, specify Outbreak No.* </div> </div> |
| Risk Factors |
| Attendance at school, pre-school or childcare~ AttendSch <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown Other risk factors for disease~ RiskOthSpecify <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> |

| Pertussis EpiSurv No. | |
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| Protective Factors | |
| At any time prior to onset, had the case been immunised with pertussis - <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown | |
| containing vaccine?* Immunised If yes, specify vaccine details* | |
| First administered dose:* | FirstDose <input type="radio"/> DTPH/DTP/DaP <input type="radio"/> Unknown <input type="checkbox"/> Or age when first dose was given AgeFirstDose <input type="checkbox"/> YMWFirstDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years |
| Date given* DtFirstDose | <input style="width: 100px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> |
| Source of information* SceFirstDose | <input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented |
| Second administered dose:* | SecndDose <input type="radio"/> DTPH/DTP/DaP <input type="radio"/> Not Given <input type="radio"/> Unknown <input type="checkbox"/> Or age when second dose was given AgeSecndDose <input type="checkbox"/> YMWSecndDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years |
| Date given* DtSecndDose | <input style="width: 100px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> |
| Source of information* SceSecndDose | <input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented |
| Third administered dose:* | ThirdDose <input type="radio"/> DTPH/DTP/DaP <input type="radio"/> Not Given <input type="radio"/> Unknown <input type="checkbox"/> Or age when third dose was given AgeThirdDose <input type="checkbox"/> YMWThirdDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years |
| Date given* DtThirdDose | <input style="width: 100px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> |
| Source of information* SceThirdDose | <input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented |
| Fourth administered dose:* | FourthDose <input type="radio"/> DTPH/DTP/DaP <input type="radio"/> Not Given <input type="radio"/> Unknown <input type="checkbox"/> Or age when fourth dose was given AgeFourthDose <input type="checkbox"/> YMWFourthDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years |
| Date given* DtFourthDose | <input style="width: 100px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> |
| Source of information* SceFourthDose | <input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented |
| Fifth administered dose:* | FifthDose <input type="radio"/> DTPH/DTP/DaP <input type="radio"/> Not Given <input type="radio"/> Unknown <input type="checkbox"/> Or age when fifth dose was given AgeFifthDose <input type="checkbox"/> YMWFifthDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years |
| Date given* DtFifthDose | <input style="width: 100px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> |
| Source of information* SceFifthDose | <input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented |
| If the case is aged <5 years, was the birthing parent given a pertussis vaccine during pregnancy?* <input type="radio"/> <input type="radio"/> <input type="radio"/> | |
| If yes, date vaccine was given DtMotherVacc <input style="width: 150px;" type="text"/> | |
| Management | |
| CASE MANAGEMENT Case excluded from work or school, pre-school or childcare for 3 weeks from onset of cough or until they have completed at least 2 days of azithromycin or 5 days of a different antibiotic Excluded <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Unknown | |
| CONTACT MANAGEMENT Contacts under 7 years of age who are not fully immunised, encouraged to be immunised ImmuContacts <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Unknown | |
| Were there any household contacts less than 1 year old? ContactLT1 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown | |
| If yes, how many household contacts NoHouse | <input style="width: 100px;" type="text"/> |
| If yes, how many have had pertussis already (current or recent) NoHadPertus | <input style="width: 100px;" type="text"/> |
| If yes, how many were offered erythromycin NoOfferEryth | <input style="width: 100px;" type="text"/> |
| Comments* | |
| Comments <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> | |